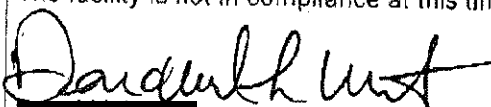


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505252	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2013
NAME OF PROVIDER OR SUPPLIER BURIEN NURSING AND REHABILITATION CE		STREET ADDRESS, CITY, STATE, ZIP CODE 1031 SOUTHWEST 130TH STREET BURIEN, WA 98146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 On October 2, 2013 an unannounced fire and life safety code recertification survey was conducted at Burien Nursing and rehabilitation Center located at 1031 SW 130 th St Burien WA 98146 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a two story type V-A structure the building is protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection in the corridors and common areas, exiting is direct to grade from the first floor and due to the exterior grade through rated stair enclosures and direct to grade from the second floor.</p> <p>The licensed capacity of this facility is 140 with a census today of 113.</p> <p>The facility is not in compliance at this time.</p> <p> Deputy State Fire Marshal</p>	K 000	<p>Disclaimer Clause</p> <p>Preparation and/or execution of the plan of correction does not constitute the provider's admission of or agreement with the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it..</p>	
K 018 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There</p>	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	<p>Continued From page 1</p> <p>is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 2, 2013 from 0830 to 1100 it was observed that the facility failed to maintain the fire rated doors on the corridors capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the facility in the event of a fire. These findings were acknowledged at the time of the survey by the facility maintenance director. The findings were.</p> <p>1. The double cross corridor fire separation doors on the second floor west hall failed to close and latch. (this deficiency was corrected at the time of the survey)</p> <p>2. The double cross corridor fire separation doors by resident room #36 failed to close and latch tight to the frame. (this deficiency was corrected at the time of the survey)</p> <p>3. The door to the small dining room failed to close and latch tight to the frame. (this deficiency was corrected at the time of the</p>	K 018	<p>K018</p> <p>I. #1, 2, 3 doors were fixed at time of walk through as noted and door 4 in social services has been modified so it closes properly.</p> <p>II. Rounds for other doors resulted in no further issues identified.</p> <p>III. Maintenance and Environment Service in-serviced on 10/3/13 and 10/4/13.</p> <p>IV. Administrator will monitor for compliance.</p>	10/4/13	

James Bald 10/2/13

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K 018	Continued From page 2 survey) 4. The door to the Social Services Office failed to close and latch tight to the frame.	K 018	K050	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This Standard is not met as evidenced by: Surveyor: 19192 During review of the facility fire drill records on October 2, 2013 from 0830 to 1100 it was observed that the facility failed to conduct the required number of fire drills for the year, this has the potential for confusion of the staff in the event of a fire, this finding was acknowledged at the time of the survey by the facility maintenance director. Following are the findings: 1. There are no documented fire drills for the overnight shift.	K 050	I. Fire Drills are done for night shift; however, the evaluation which makes them valid was not done. II. Maintenance Director counseled and is aware of the need to complete the evaluation of the fire drill. Back up staff trained 10/4/13 III. Maintenance brings fire drill log to QAPI each month for review. Fire drill list of names AND evaluation will be verified. IV. Administrator will monitor for compliance.	10/4/13 <i>done</i>
K 089 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This Standard is not met as evidenced by: Surveyor: 19192	K 089		

[Signature]

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FORM CMS-2567(02-99) Previous Versions Obsolete

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If continuation sheet Page 4 of 4

James Fowler